| DATES AND LOCATION OF THE PARTY |  |   |                  |                                   |              |                  |                |                   | Application or Docket Number |                        |         |                     |                        |  |
|--|--|---|------------------|-----------------------------------|--------------|------------------|----------------|-------------------|------------------------------|------------------------|---------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECOR<br>Effective January 1, 2003  |  |   |                  |                                   |              |                  |                |                   | 10/635,679                   |                        |         |                     |                        |  |
| CLAIMS AS FILED - PART I   |  |   |                  |                                   |              |                  |                |                   | SMALL ENTITY                 |                        |         | OTHER THAN          |                        |  |
| T.   | OTAL CLAIMS                                    | · <del></del>                             | (Column          | 11)                               | (Colu        | 4                |                |                   | TYPE                         |                        |         | SMALL ENTITY        |                        |  |
| TOTAL CLAIMS   |  |   | 10               |                                   |              |                  |                | RAT               | E                            | FEE                    |         | RATE                | FEE                    |  |
| FOR  |  |   | NUMBER FILED     |                                   | NUMBER EXTRA |                  |                | BASIC             | EE                           | 375.00                 | OR      | BASIC FEE           | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 1 () minus 20=   |                                   | • Ø          |                  |                | X\$ 9             | =                            |                        | ОЯ      | X\$18=              |                        |  |
| INDEPENDENT CLAIMS   |  |   | \ minus 3 =      |                                   | φ            |                  |                | X42=              |                              |                        | OR      | X84=                |                        |  |
| ML   | ILTIPLE DEPEN                                  | NDENT CLAIM P                             | RESENT           |                                   | •            |                  |                |                   |                              |                        | 1       |                     |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                  |                                   |              |                  |                | +140              |                              |                        | OR      | +280=               |                        |  |
| CLAIMS AS AMENDED - PART II  |  |   |                  |                                   |              |                  |                | TOTA              | L                            | 375                    | OR      | TOTAL               |                        |  |
|  |  | (Column 1)                                | (Column          |                                   |              | (Column 3)       | Column 3) SMAL |                   |                              | ENTITY                 | OR      | OTHER<br>SMALL      |                        |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUMI<br>PREVIO<br>PAID I  | BER          | PRESENT<br>EXTRA |                | RATE              | <u> </u>                     | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| NON  | Total  | . 8                                       | Minus            | ** 9                              | 0            | =                |                | X\$ 9=            | =                            |                        | OR      | X\$18=              |                        |  |
| AM   | Independent<br>FIRST PRESE                     | NTATION OF ME                             | Minus JLTIPLE DE | PENDENT                           | CLAIM        | 5                |                | X42=              |                              | D. O                   | OR      | X84=                |                        |  |
| -  |  |   |                  |                                   |              |                  |                | +140=             | -                            |                        | OR      | +280=               |                        |  |
|  | <i>f</i>                                       |   |                  |                                   |              |                  | -              | TOT.<br>ADDIT. FI |                              | Phil                   | OR      | TOTAL<br>ADDIT, FEE |                        |  |
|  | 1  | (Column 1)                                |                  | (Colun                            |              | (Column 3)       |                |                   | _                            | V = V                  |         |                     |                        |  |
| MENDMENT 8   |  | CLAIMS<br>REMAINING                       |                  | HIGH<br>NUME                      | BER          | PRESENT<br>EXTRA |                |                   | T                            | ADDI-                  |         | RATE                | ADDI-                  |  |
|  |  | AFTER<br>AMENDMENT                        |                  | PREVIO                            |              |                  |                | RATE              |                              | TIONAL<br>FEE          |         |                     | TIONAL<br>FEE          |  |
|  | Total  | *   | Minus            | **                                |              | =                |                | X\$ 9=            |                              |                        | OR      | X\$18≈              | _ '                    |  |
| AM   | Independent                                    | *   | Minus            | ***                               |              | ] =              |                | X42=              |                              |                        | OR      | X84=                |                        |  |
| <u> </u>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                  |                                   |              |                  |                | +140=             |                              |                        | OR      | +280=               |                        |  |
|  |  |   |                  |                                   |              |                  |                |                   | V.                           |                        | OR      | TOTAL               |                        |  |
|  | (Column 1) (Column 2) (Column 3)               |   |                  |                                   |              |                  |                |                   |                              |                        | , ,     | ADDIT. FEE          |                        |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGHE<br>NUME<br>PREVIO<br>PAID F | IER<br>USLY  | PRESENT<br>EXTRA |                | RATE              |                              | ADDI-<br>FEE           |         | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | •   | Minus            | **                                |              | =                |                | X\$ 9=            | 1                            |                        | <u></u> | X\$18=              |                        |  |
|  | Independent                                    | *   | Minus            | ***                               |              | =                | ┟              |                   | +                            |                        | OR      |                     |                        |  |
| ٩  | FIRST PRESENTATION OF MULTIPLE DEPENDENT C     |   | CLAIM            |                                   |              | X42=             | 4              |                   | OR                           | X84=                   |         |                     |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |   |                  |                                   |              |                  |                |                   |                              | ]                      | OR      | +280=               |                        |  |
| **If the "Highest Number of reviously Paid For" IN THIS SPACE is less than 20, enter *20.* ***If the "Highest Number For viously Paid For" IN THIS SPACE is less than 3, enter *3.*  ADDIT. FEE  |  |   |                  |                                   |              |                  |                |                   |                              |                        |         | TOTAL<br>DDIT. FEE  |                        |  |
| _  | he "Highest Num                                | ber I reviously Paid                      | For (Total or    | independe                         | nt) is the   | highest number   | r foun         | nd in the a       | appr                         | opriate box            | in colu | ımn 1.              |                        |  |
| CRAS   | PTO-875 (Rev. 12                               | /0.3h /                                   | ammant Office O  |                                   |              |                  |                |                   |                              |                        |         |                     |                        |  |